

## **GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS** DEPARTMENT OF PLANNING AND NATURAL RESOURCES

## **DIVISION OF PERMITS**

STX DISTRICT TEL: (340) 773-1082 STT/STJ DISTRICT TEL: (340) 774-3320

## **CERTIFICATE OF USE AND OCCUPANCY INSPECTION REQUEST**

Date:	Contact/Phone Number:			
(Please Print Clearly)				
LOCATION OF WORK:			_	
OWNER(S) NAME:				
(CHECK ONE OF THE FO	LLOWING)   Residential	☐ Commercial ☐ Other		
Scope of Project:				
Building Permit No.	Approved Date	Mechanical Permit No.	Approved Date	
Electrical Permit No.	Approved Date	Demolition Permit No.	Approved Date	
Plumbing Permit No.	Approved Date	Flood Permit No.	Approved Date	
Owner's Name:	Construction work has been done under the supervision of the following:  ner's Name: Signature:			
Designer's Name:	Signature:			
Contractor's Name:	ne:Signature:			
	DEPARTMEN	NTAL USE ONLY		
No. of Stories:	Type of Wall:	Type of Roof:Ty	pe of Floor:	
		(s): Smoke Detec		
List additional exterior rooms	s:			
Inspected By:		Date:		
Remarks:				

Signature:

Certifying Supervisor

## **CERTIFICATION OF SUPERVISION**

UPON APPLICATION FOR A CERTIFICATE OF USE AND/OR OCCUPANCY. TO: The Commissioner of Planning & Natural Resources (Through the Division of Permits) Certifying Building Supervisor of construction mentioned below FROM: SUBJECT: CERTIFICATION OF SUPERVISION AND TRADE WORKMANSHIP **LEGAL DESCRIPTION** NAME OF OWNER: LOCATION OF BUILDING: BUILDING PERMIT NUMBER: \_\_\_\_\_ DATE ISSUED: \_\_\_\_ TITLE: NAME OF DESIGNER:\_\_\_\_\_ (Print) I hereby certify that the above-mentioned project has been built under my supervision and that in its construction all the provisions of the V.I. Building Code and all other applicable laws are complied with. Also, pursuant to V.I. Code, Title 29, Chapter 5, §294 (c) and §298 (b) the work done is in compliance with the work proposed on said Building Permit. NAME OF CERTIFYING SUPERVISOR:

\_\_\_\_\_Date:\_\_\_\_\_